



MAIN OFFICE * 707 N. Armstrong Place, Boise, ID 83704-0825 (208) 327-7450 Fax (208) 327-8580

To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes.

IMMUNIZATION RELEASE OF INFORMATION

**Information to be released to CENTRAL DISTRICT HEALTH DEPARTMENT,
707 N. Armstrong Place, Boise, ID 83704-0825. Phone (208) 327-7450 / Fax (208) 327-8580**

CLIENT'S FULL LEGAL NAME: _____
Last First Middle

CLIENT'S DATE OF BIRTH: _____
Month Day Year

NICKNAME(S) CLIENT MAY HAVE USED: _____

MAILING ADDRESS: _____
Number Street Apt #

City State Zip Phone #

NAME/ADDRESS/PHONE # OF ALL CLINICS CLIENT HAS USED (i.e., Doctor's Office, Public Health)

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

If additional space is needed for information, use back of sheet.

This release is in effect from _____ to _____ (not to exceed one year). This release may be revoked at any time by a signed, written statement from the patient or responsible party.

SIGNATURE (PATIENT OR PARENT/LEGAL GUARDIAN)

DATE:

Witness Signature: _____ Date: _____

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR, part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of the first offense and not more than \$5,000 in the case of each subsequent offense.

Updated 3/12/2008